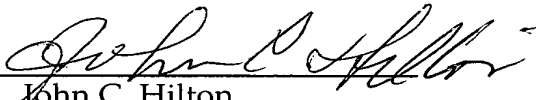


REMARKS

The above amendments are being presented to remove multiple dependencies from the claims.

Should the Examiner have any questions regarding the present application, Applicants respectfully request that the Examiner contact Applicants' representative at the phone number listed below. While Applicants believe no fees are due with filing this amendment, please charge any deficiencies associated with this filing to our Deposit Account No: 13-0235.

Respectfully submitted,

By 
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